PROVIDER SERVICE SUMMARY			
PROVIDER INFORMATION			
Name of Provider: HOSTS Learning			
Mailing Address:			
222 NE Park Plaza Drive, Suite 230 City: Zip Code:			
Vancouver	WA		98684
	Fax Number:	E-Mail Address:	
800-833-4678 360-260-1783 Bgibbons@hosts.com PRIMARY CONTACT INFORMATION			
Name: Phone Number:			
Bill Gibbons 800-833-4678			
E-Mail Address bgibbons@hosts.com			
SERVICES			
Areas to be served by provider:			
All school districts in Missouri			
Specific districts or counties. Please list:			
Number of sessions per week: 3-5 sessions per week			
Cost per session: \$28.50 per hour			
Proposed location of service delivery:			
☐ Provider site			
Other:			
If service delivery is not at the student's school, is transportation provided? If so, is there a			
separate fee? (Note: Districts are not required to provide or pay for transportation).			
n/a			
Certification of instructors:			
☐ Baccalaureate degree in education			
or			
Baccalaureate degree in related field of instruction. Please list related field(s):  Reading and Math			
Additional education and/or experience:			
<ul> <li>         Masters level degrees or above in either reading or mathematics     </li> <li>         Missouri teacher certificated/licensed teachers     </li> </ul>			
Experience teaching students with specific disabilities			
Experience teaching LEP students			
Ability to speak languages other than English. Please list:			
Tutoring subjects availab	No:	Grade Levels	Sarvad:
Reading Writing	Math ⊠		3-5 ⊠ 6-8 ⊠ 9-12
Title of tutoring curriculu			
Time of Service:		Mode of Instru	ıctional Delivery:
☐ Before School		Individual Ture	•
		On-Line/Web	o-based
Summer			
Other:			
Specifics of reporting to parents & school (check all that apply):			
Method: Frequency:			
⊠ letters		weekly	
□ phone calls		bi-monthly	
□ conference with parents			
conference with parents &	school		erly and annual
□ other:			